Jeff Benfield

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

54254

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20112 DATE 1/23/95 TAX MAP NO. 9A-A-13 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR THE FINISHED TOUCH / WANDA SWANN PHONE: Business 838-3291 Home 872-0573

ADDRESS 112 N. CENTER ST. STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, ON (R) PAST MILLER FARM ROAD, OFF ROAD ~ 800'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; ~~STD~~ 1500 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

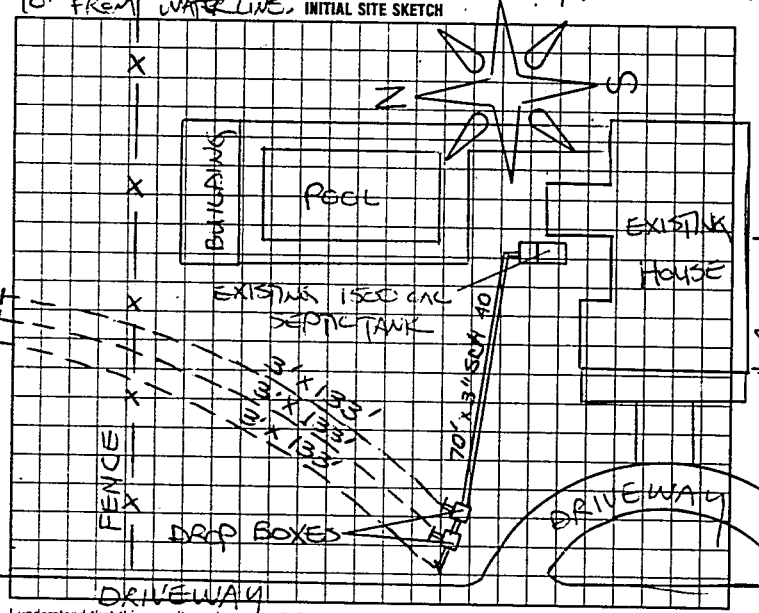
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL NEW 3" x 70' SCH 40 PVC PIPE AT LOCATION SHOWN ② INSTALL NEW 3' x 133' LINES ON CONTOUR, NO DEEPER THAN 36" 9' APART ON CENTER ③ ABANDON EXISTING LINES ④ KEEP SYSTEM MINIMUM 10' FROM WATERLINE.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE SKETCH

Understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: X Wanda Swann

Improvement Permit by: STEVE HEARICK date 1/23/95

Existing System Inspection by: _____ date _____

Installed by: WES LYTTON

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEARICK date 12-4-95

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD